

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	441	5/6/97
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND	500	6/2/97
FILE MAINT.	NR	5/6/97
DRAFTING		

# INDEX OF CLAIMS

Claim	Date
Final Original	
1 1	9 10 2 17 98
2 2	4 9 97
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SYMBOLS

✓ ..... Rejected

= ..... Allowed

- (Through numeral) Canceled

+ ..... Restricted

N ..... Non-elected

I ..... Interference

A ..... Appeal

O ..... Objected

Claim	Date
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